

Building a Trauma-Informed Classroom and Home (Why and How)

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Formed Families Forward

Loudoun Co Public Schools SEAC Meeting

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Who we are...

- Formed Families Forward, a family-led resource center in Northern Virginia, focused on training and direct support to foster, adoptive and kinship families in northern Va who are raising children and youth with special educational needs, and professionals who work with our families.
- We offer free training, consultations to families, events, resources, and systems navigation
- Participant in Fairfax, PW, Alexandria City and Loudoun Trauma Informed Community Networks (TICNs)
- Set of three trauma videos and accompanying fact sheets
- Family partner to Virginia Tiered Systems of Supports (VTSS; a VDOE project)

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Trauma 101

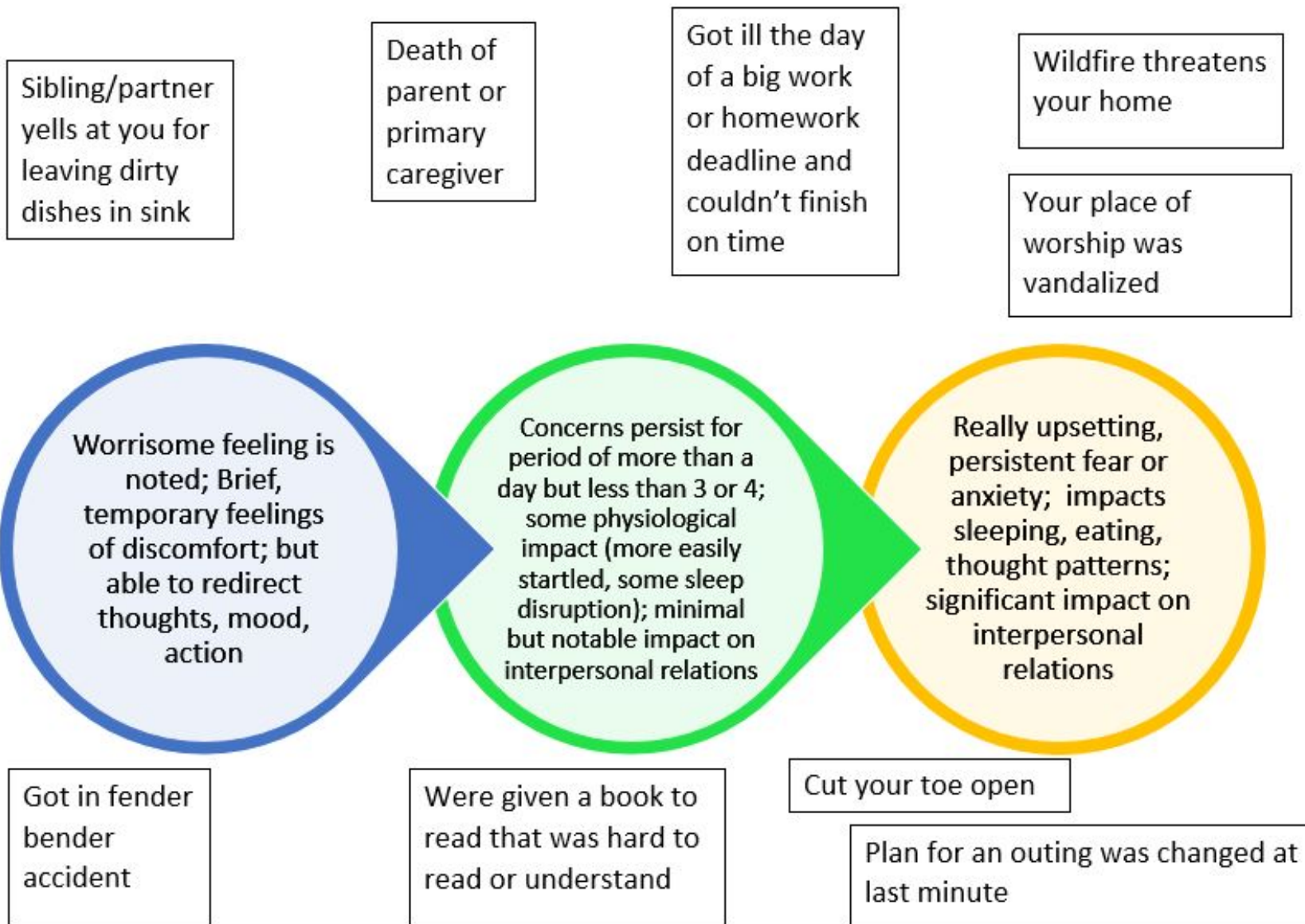
- Thanks to the Fairfax County (VA) Trauma-Informed Care Network (TICN) for some content- <https://www.fairfaxcounty.gov/neighborhood-community-services/prevention/trauma-informed-community-network>
- Video from Fairfax TICN re: relationships <https://youtu.be/DSYZL3vJYWg>
- *A Guide to Educating Children, Youth and Families about Trauma and Resilience* from Fairfax TICN
- *Trauma resources on FFF Trauma Webpage: https://formedfamiliesforward.org/resource_category/trauma-specific-topics-schools/
- Other sources: National Child Traumatic Stress Network (NCTSN.org); ACEsConnection (<https://www.acesconnection.com/>) and Attachment, Regulation and Competency framework (Blaustein & Kinniburgh) <https://arcframework.org>

Trauma Defined

- Trauma refers to experiences that cause intense physical and psychological stress reactions. It can refer to a single **event**, multiple events, or a set of circumstances that is **experienced** by an individual as physically and emotionally harmful or threatening and that has lasting adverse **effects** on the individual's physical, social, emotional, or spiritual well-being.

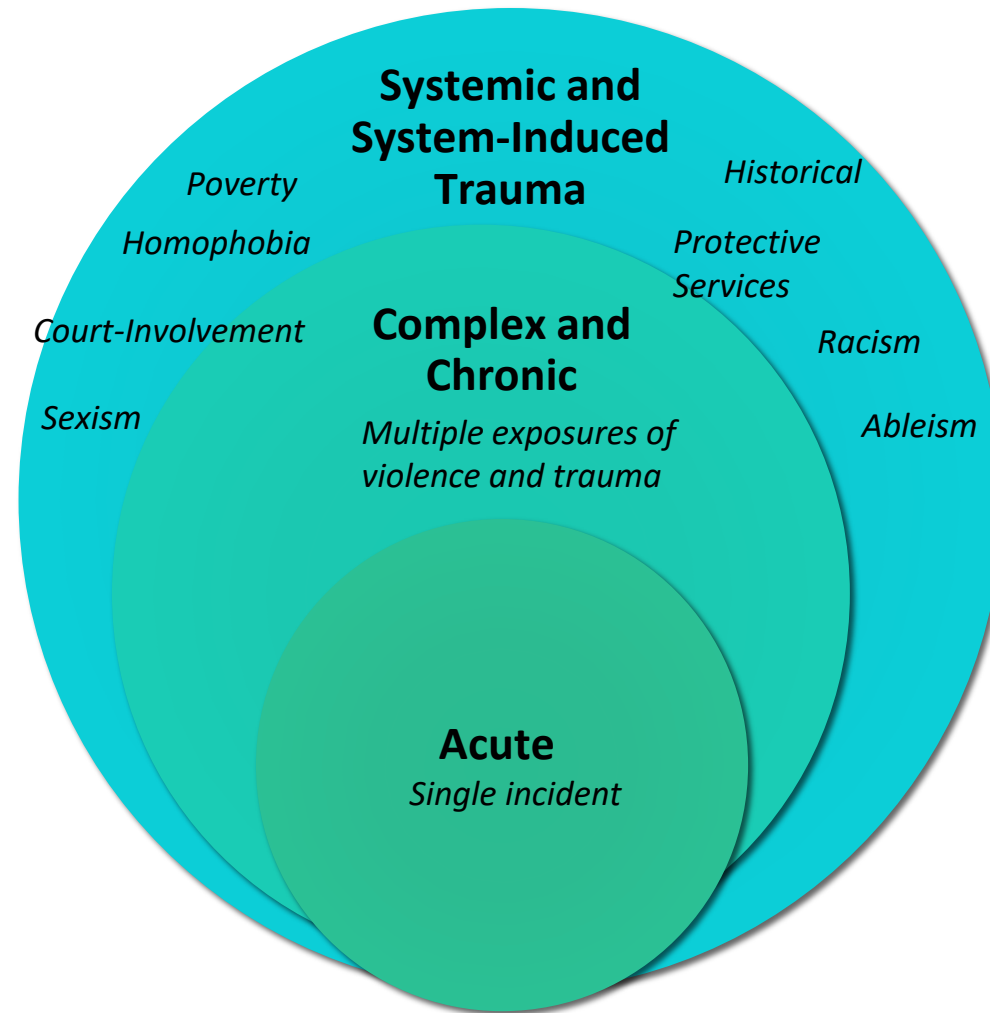
A Normal Reaction to a Horrific Situation

SAMHSA 2014



Forms of Trauma

- Violence
- Witness/exposure to violence
- Abuse
- Neglect
- War zone & Refugee experiences
- Military Experiences
- Traumatic Grief
- Terrorism
- Immigration Experiences
- Medical Trauma
- Natural Disasters
- Disruption of caregiver

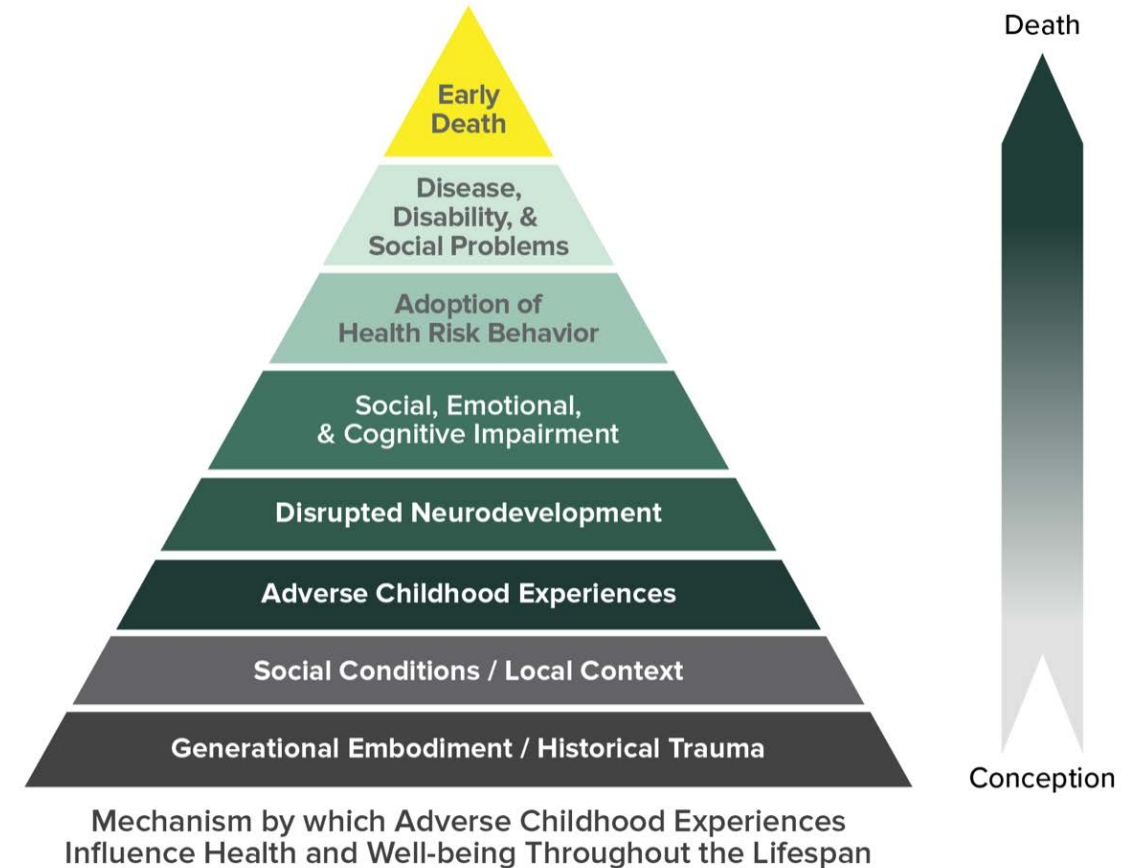
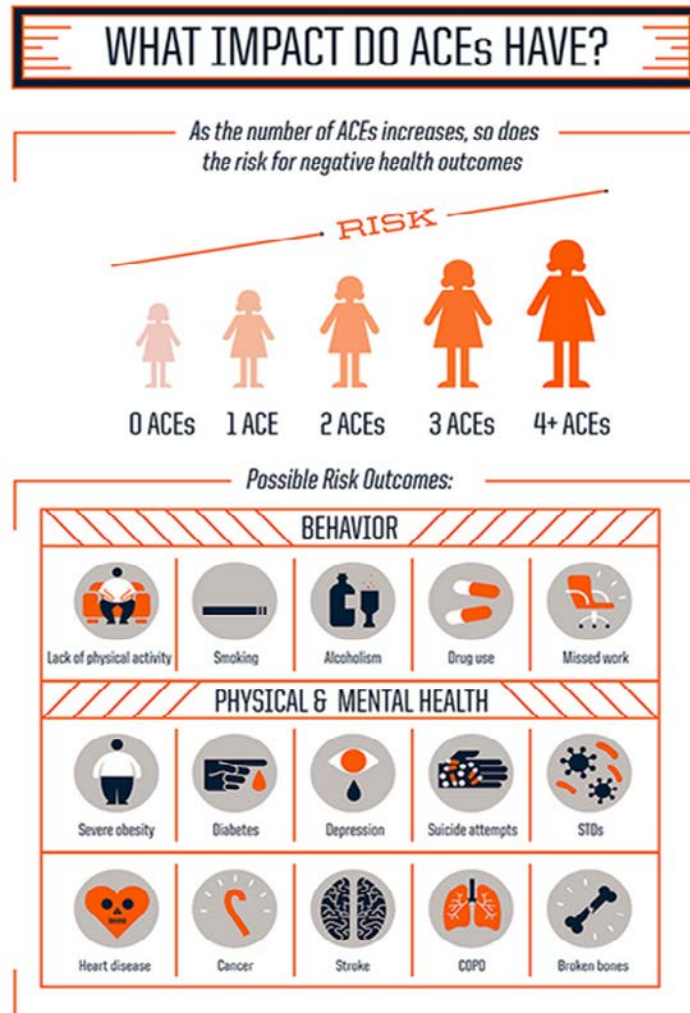


Trauma training videos



- <https://www.youtube.com/channel/UCAXmFiDD2phNTeRJ9PBqBqBAg/playlists>
- [Understanding Trauma](#); Addressing Trauma; Building Trauma-Sensitive Schools (each under 10 min long)

The Adverse Childhood Experiences (ACE) Study



ACEs = Adverse Childhood Experiences

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Mother treated violently



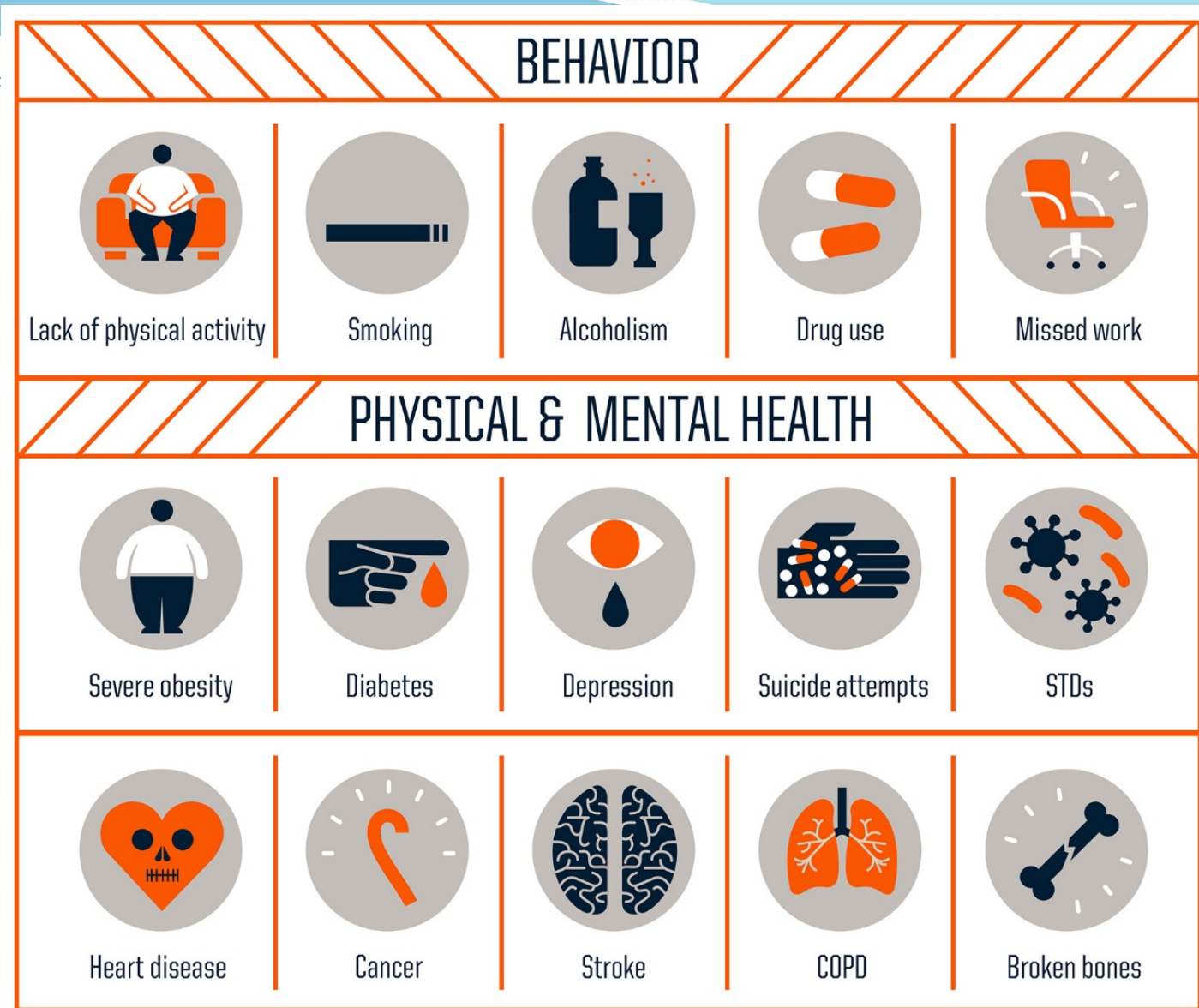
Divorce



Incarcerated Relative



Substance Abuse



Centers for Disease Control ACEs Data

- Adverse Childhood Experiences impact lifelong health and opportunities.
- Exposure to and difficulty adjusting to adverse experiences is significantly more common than we previously had known. The **effects can add up over time.**
- 61% of adults had at least one ACE and 16% had 4 or more types of ACEs.
- Females and several racial/ethnic minority groups were at greater risk for experiencing 4 or more ACEs.
- Many people do not realize that exposure to ACEs is associated with increased risk for health problems across the lifespan.

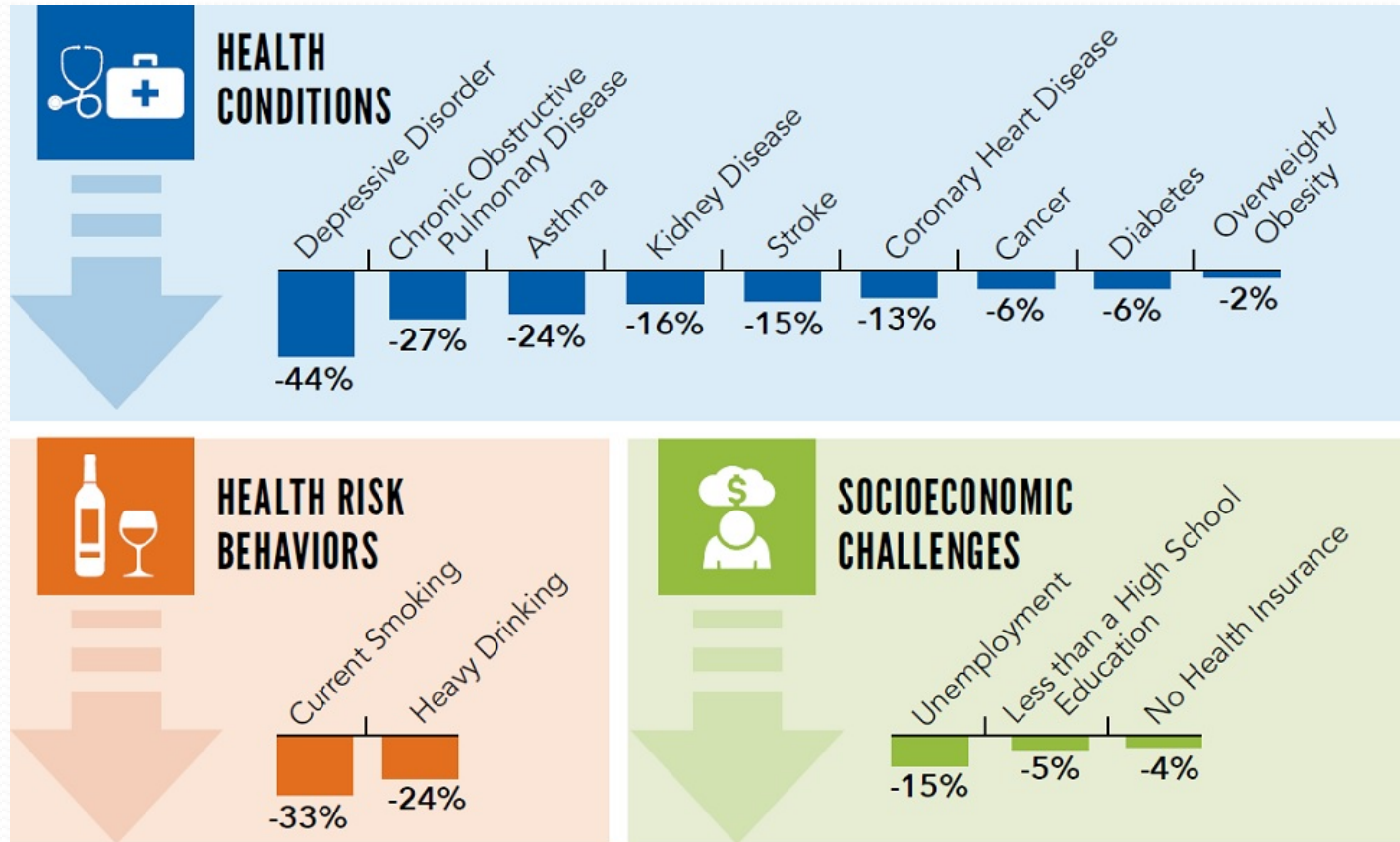
This impacts our children and youth:

- One out of every 4 children attending school has been exposed to a traumatic event (NCTSN)
- 19% of children in Virginia have experienced 2 or more ACES. (Voices for Va Kids)

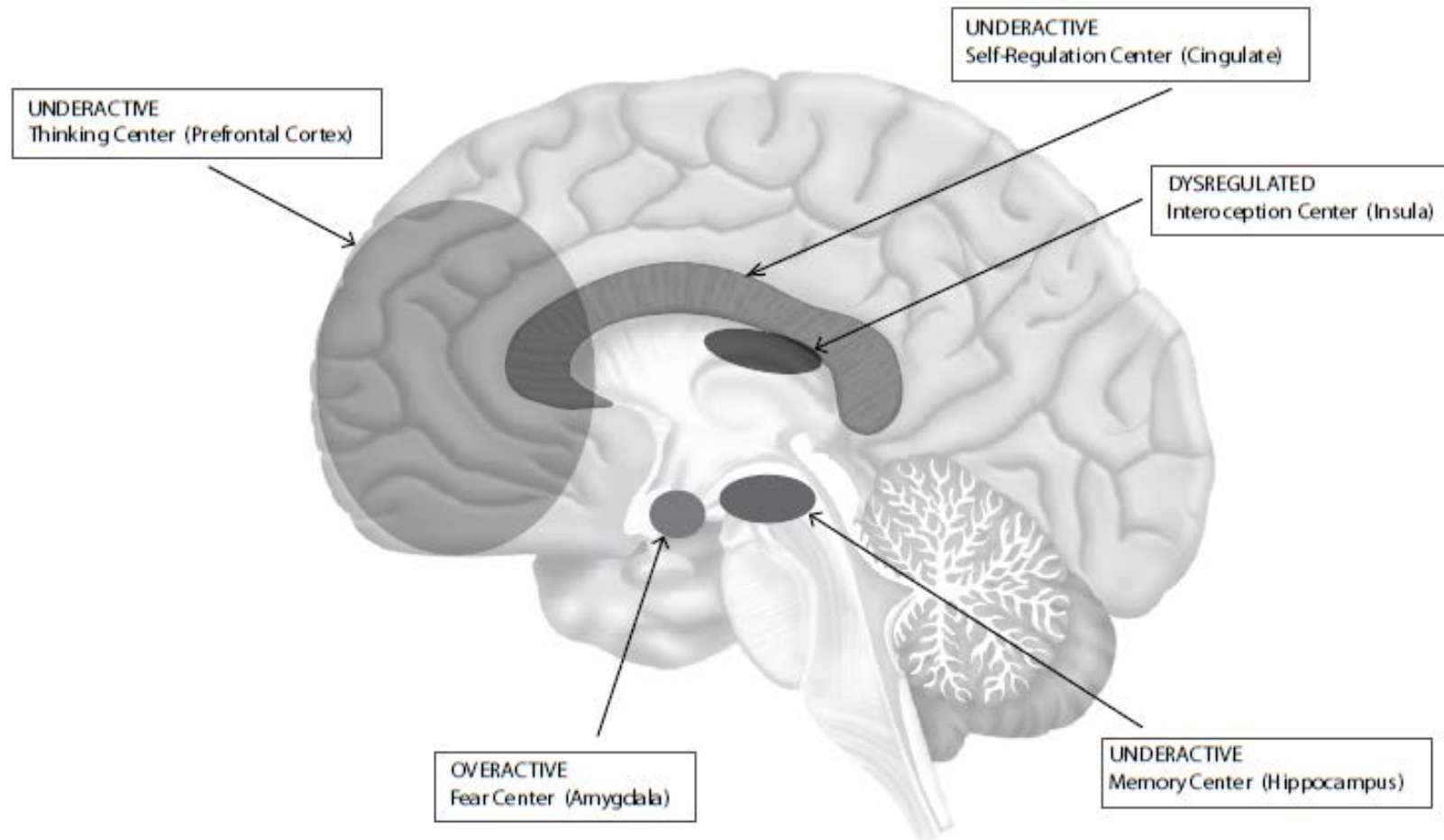


Preventing ACEs can help children and adults thrive; potentially:

- Lower risk for conditions like depression, asthma, cancer, and diabetes in adulthood.
- Reduce risky behaviors like smoking and heavy
- Improve education and employment potential.
- Stop ACEs from being passed from one generation next.



The Brain On Trauma



Source: Pesi.com

Trauma Symptoms

Reaction to trauma (or a trauma trigger) can be Short Term or Long Term, and can include:

- **Emotional:** Identification, Expression, Regulation [overwhelmed]
- **Physical:** Physiological response [Survival Mode—Freeze, Fight, or Flight (can't sit still)]; Somatic complaints [stomach aches]
- **Relational or Social:** Attachment, ability to connect, trust, friendships
- **Spiritual:** Hopeless
- **Behavioral:** Hyper, aggressive, impulsive (risk taking, “defiant,” or acting out behavior), withdrawn (“compliant”)
- **Cognitive:** Brain development, memory loss, confusion, inability to concentrate
- **Self-Concept:** Sense of self, self-worth, self-esteem, self in the world

Trauma Prevalence & Education Impact

- Exposure to violence is a national crisis that affects approximately two-thirds of our children. Of the 76 million children currently residing in the United States, an estimated **46 million** can expect to have their lives touched by violence, crime, abuse, and psychological trauma.

Report of the Attorney General's National Task Force on Children Exposed to Violence (December 2012)

- Another study found that more than **68% of children and adolescents** had experienced a potentially traumatic event by the age of 16. Impairments---including school problems, emotional difficulties, and physical problems---occurred in more than 20% of children who had been traumatized. In those who had experienced more than one traumatic event, the rate was nearly 50%. *Copeland, W.E., Keeler, G., Angold, A., Costello, E.J. (2007). Traumatic events and posttraumatic stress in childhood.*

The Trauma and Disability Intersect

- People with developmental disabilities are more likely to be exposed to trauma AND exposure to trauma makes disabilities more likely.
- People with DD have alarmingly high rates of trauma -- Individuals with disabilities are four times more likely to be victims of crimes as non-disabled (Sobsey, 1996); prevalence of sexual abuse for children with autism spectrum disorder (ASD) is 16.6% compared to 8% for general population; the risk of abuse increases 78% due to exposure to the disability service system (Sobsey & Doe, 1991).
- In one study of urban children and youth, researchers found a much greater prevalence of learning/behavior problems among children who had experienced at least 4 ACEs as compared to those children without such ACEs; 51.2% vs. 3%, respectively (Burke et al., 2011).

Impact on Worldview

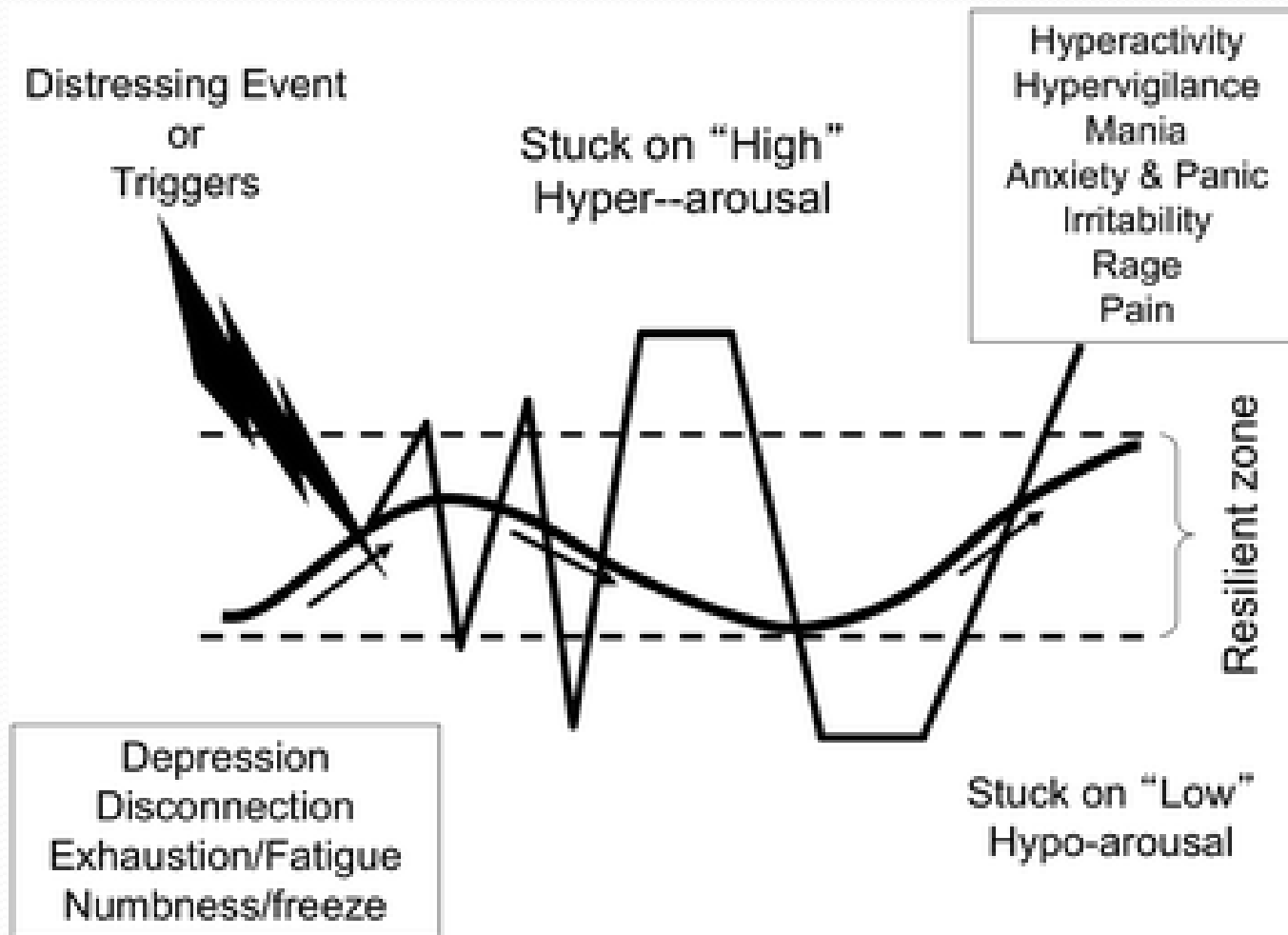
Typical Development vs. Developmental Trauma

- Nurturing & stable attachments with adults
- Belief in a predictable & benevolent world/ generally good things will happen to me
- Feeling of positive self-worth/others will see my strengths
- Optimism about the future
- Feeling that I can have a positive impact on the world
- Basic mistrust of adults/inability to depend on others
- Belief that the world is an unsafe place/bad things will happen & they are usually my fault
- Assumption that others will not like me
- Fear & pessimism about future
- Feelings of hopelessness & lack of control

The unique School Challenges for Children with Higher ACE scores

- While the school setting is meant to educate, children with higher Adverse Childhood Experiences are focused on internal feelings of SAFETY, SECURITY and TRUST, rather than LEARNING
- They have a greater degree of dependency on the teacher due to their past disruptions in attachment, intertwined with neglect & abuse
- Children with even one ACE have **difficulties** self-regulating emotions and behaviors.
- They struggle to form typical, reciprocal relationships with peers and adults.
- Self-regulatory and social skills, which are important prerequisites for school readiness and academic success, are limited and/or maladjusted (bullying, followers, cries easily, aggressive, etc.)

Impact of Trauma and Arousal on Readiness to Learn



Source: Leitch, 2017

Impact of Trauma on Readiness to Learn

The Resilient Zone

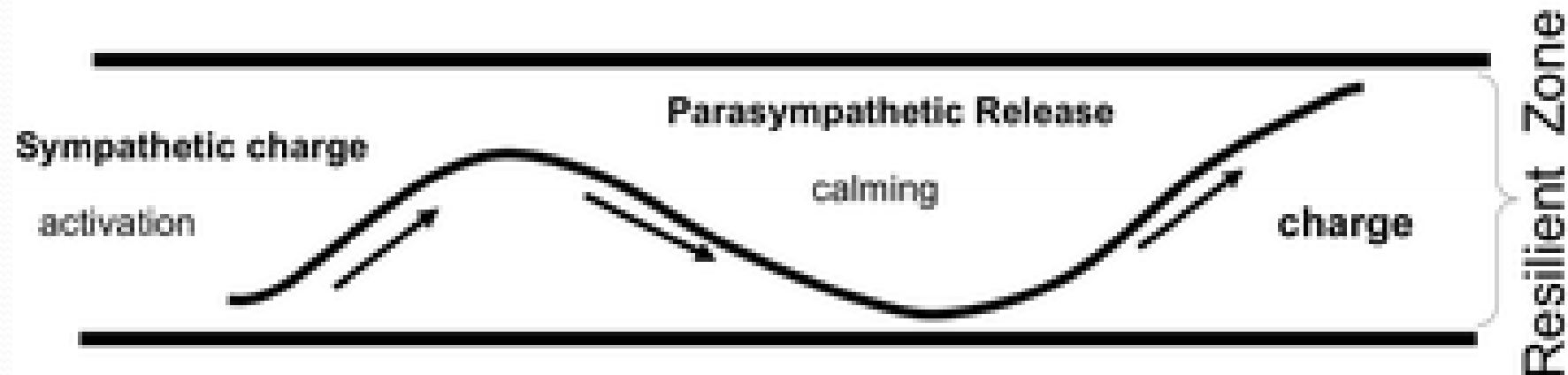
In the "Resilient Zone" individuals have the best capacity for:

Flexibility and adaptability

Pro-social behavior

Executive functioning

Being responsive rather than reactive



Individuals can learn to remain in and return to the Resilient Zone

Source: Leitch, 2017

Building Resiliency

- Resiliency- The ability to thrive, adapt and cope despite tough and stressful times.
- People who have experienced trauma need the following in order to recover:
 - Sense of safety (physical and emotional)
 - Information
 - Healthy coping skills
 - Hope and optimism
 - Sense of connection, supportive relationships
- People need to feel *safe, capable, and lovable*.



Building Resiliency, continued

- Trauma-informed strategies benefit all students, though they are especially necessary to support students who have experienced trauma.
- It is important to “know our role.”
 - How can I support this child as a parent/caregiver or classroom teacher? What strategies are appropriate for *me* to use?
 - Who can I reach out to for consultation and collaboration when a child needs more support?
- So, HOW???

Good News ... **RESILIENCY** trumps ACEs

- The number one protective factor in a child's life is: the presence of a stable adult figure; a close, positive bond with at least one adult in a caring role.
- For many of our students, that stable, positive, caring adult is a teacher, school social worker, counselor, coach, bus driver, school resource officer.
- It's all about the relationship!!



Source: Linda Taylor, New River Valley CSB

Impact of Trauma on Child - Adult Relationships



- Behaviors related to trauma symptoms are often interpreted as deliberate misbehavior by adults, and can lead to increased conflict in the school or home.
- Relationships and connectedness can be greatly affected by the lack of trust and confidence trauma can cause, inhibiting an adult's ability to work effectively with their student.
- Lack of understanding can be compounded when adults have their own unaddressed trauma history, depending on what beliefs they have about their traumatic experiences.

The behaviors of traumatized students are often evident, the *needs* are not

- A need is what drives a behavior. A need is what makes a behavior functional for the child (although the behavior itself can be undesirable and harmful). Any behavior could be driven by a variety of needs.
- For example, a child who is aggressive may need to: have people not get physically too close to him/her, be treated by others in non-hurtful or non-aggressive ways, be reassured, know in advance when there will be a change in activity, and/or be able to soothe him/herself.
- Beware of uniform, strict responses to aggression. For example, isolation might meet a child's need to have everyone at a distance, but it could make matters worse for another child who needs to learn self-soothing or the child who experiences isolation as an unfair punishment.

- For example, the teenager who runs away may need to: get away from sexual and/or emotional abuse; learn other ways to respond when there is conflict; have a boy/girlfriend who does not encourage the teenager to stay with family; participate in decisions about curfew, and/or be accepted with his/her beliefs, appearance, etc.
- Trauma often manifests itself through behaviors when children either cannot express or do not feel safe enough to express their worry, fear, anxiety, hopes, hopelessness or confusion.
- **ALWAYS LOOK BEHIND THE BEHAVIOR**
- **RESPOND TO THE NEED, NOT THE BEHAVIOR**



- **Think:** lack of skill, **not** intentional misbehavior
 - **Think:** building missing skills, **not** shaming for lack of skills
 - **Think:** nurture, **not** criticize
 - **Think:** teach, **not** blame
 - **Think:** discipline, **not** punishment

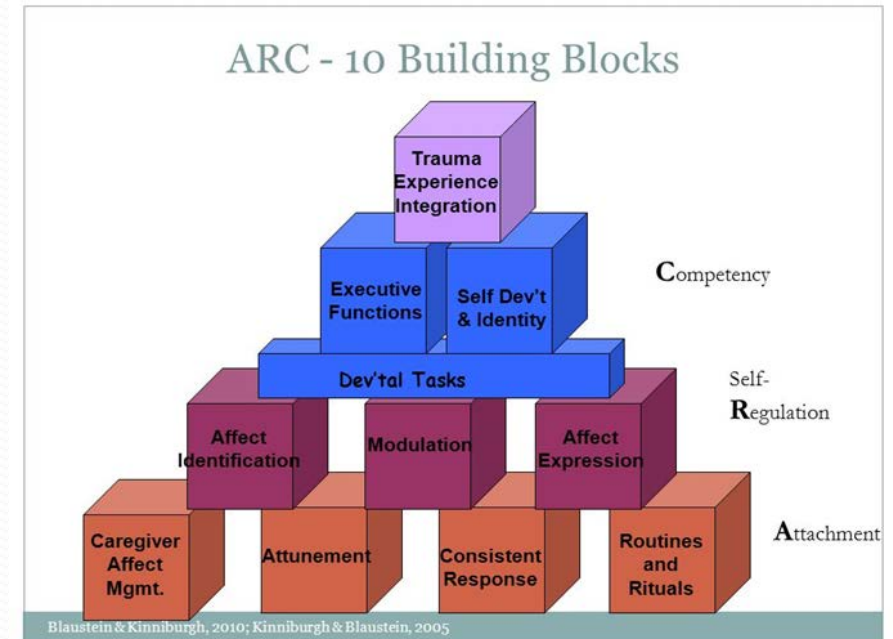
Many Models – But 3 Core Concepts

- Susan Craig (*Reaching and Teaching Children Who Hurt*): Create opportunities to practice regulating emotions; Acquire age appropriate social skills; Acquire self soothing skills
- Trust Based Relational Intervention©: Connecting; Correcting; Empowering (Purvis & Cross)
- VCR approach to interaction: Validation; Challenging; Requesting (Hardy & Laszloffy)
- Collaborative Problem Solving: Plans A, B, C- 3 steps for Plan B (Greene & Ablon)
- ARC approach: **A**ttachment; Self-**R**egulation; **C**ompetency (Blaustein & Kinniburgh)

ARC approach-

Building Blocks of ATTACHMENT

- The attachment system (between child and primary caregivers) provides a model for all other relationships.
- The attachment system is the earliest training ground for coping with and expressing emotions.
- The attachment system provides a safe environment for healthy development and affords the opportunities to meet key developmental tasks.



"There is no more effective neurobiological intervention than a safe relationship."

-- Bruce Perry, PhD, MD, researcher & child psychiatrist

The relationship works to bring the brain back into regulation

Safe, predictable, consistent relationships



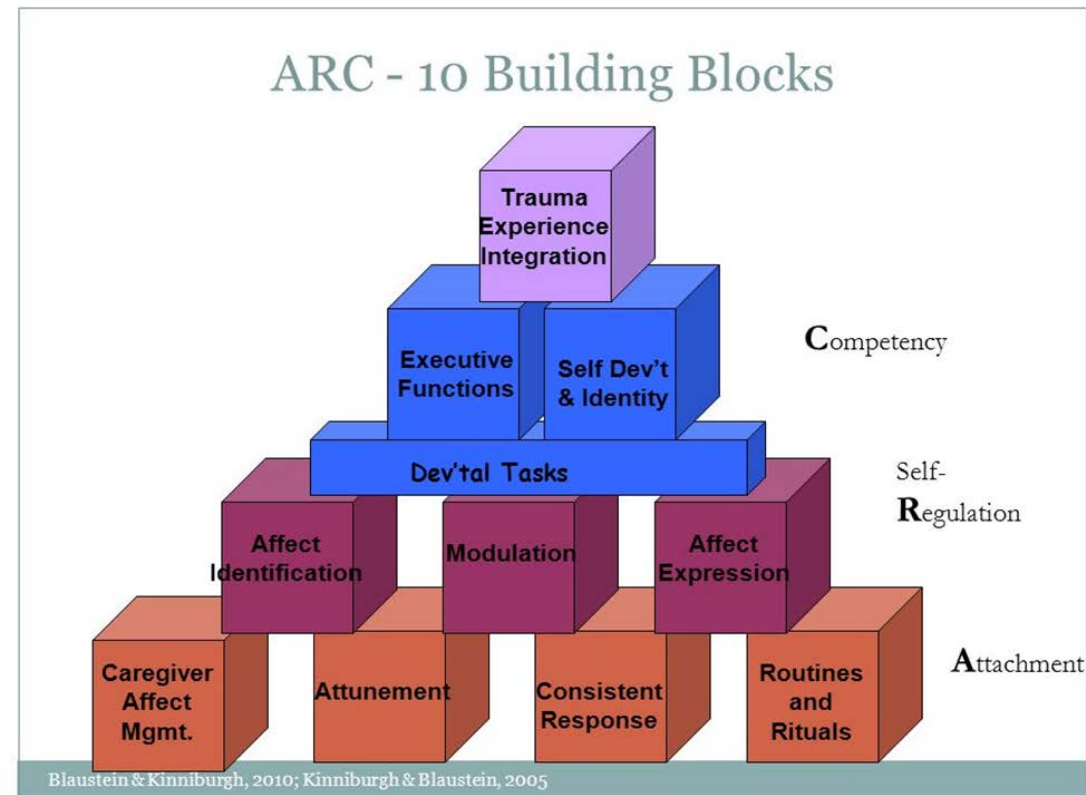
Key factors for caregivers (& educators)

Building safety requires several key factors:

- Caregiver affect management- Caregivers need to understand, manage and cope with their own emotional responses.
- Attunement- Capacity of children and caregivers to accurately read each other's cues and respond.
- Consistent caregiver response- Provide safe and predictable responses, sensitive to past experiences.
- Building routines and rituals- Develop predictability and rhythm through responsive schedules of feeding, interaction and sleep.

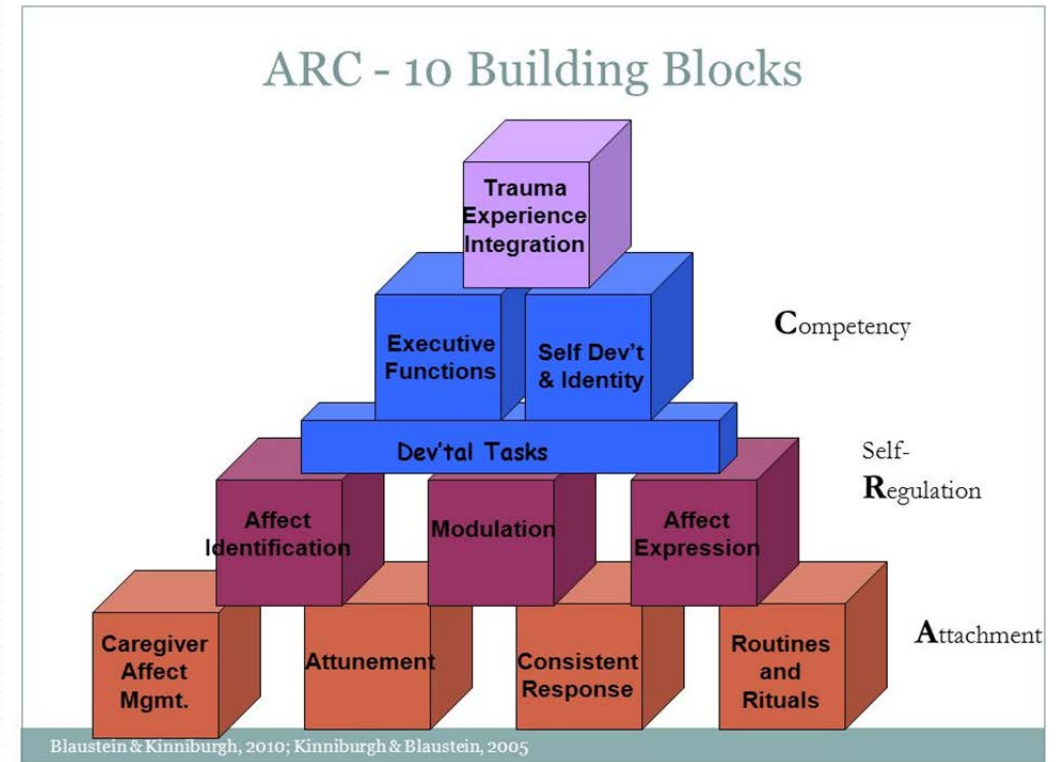
Self-REGULATION Building Blocks

- Affect identification
- Modulation
- Affect Expression



COMPETENCY Building Blocks

- Executive functions
- Self Development and Identity



Preventing & Responding to Challenging Behavior



- Focus on building **positive and caring relationships**.
- Remember that all youth have **strengths and assets** that can be built upon through relationships with caring adults like YOU.
- Create predictable **structure**, and stick to it. Routines are VERY helpful.
- Make **transitions** to new activities or spaces calm and **predictable**.
- Offer child a **safe place** to calm down if they need it.
- Use gentle, affirming **language and gestures**. Use an even tone, low to moderate volume, and open posture.

Preventing & Responding to Challenging Behavior

continued

- Be aware of your own **physical presence**. Stand shoulder to shoulder, sit or squat at eye level, and avoid sudden gestures. Maintain an even tone of voice and neutral body language. Give careful consideration to use of touch. Adults often react strongly to aggressive, disrespectful, or otherwise challenging behaviors. By remaining calm and neutral in your tone and posture, you remain in control of the situation and model appropriate behavior for child.
- Pre-establish then offer **choices** for **appropriate ways to remove themselves from the situation or manage unacceptable behavior**. Calmly request that they choose from one of several clear, easy options.
- Avoid power struggles; Purposely “let it go”/selective ignoring.

Preventing & Responding to Challenging Behavior, continued

- Focus on **problem solving** over punishment. Help children and youth identify and use strategies to regulate their own emotions and behavior.
- When they are calm and regulated, help your children/students set and achieve **personal goals**. Create short and long-term goals, strategies for completion, and acknowledgements for success.
- If appropriate for your setting, devote time to **teaching children and youth skills** to identify and manage their emotions. Kids need to learn coping skills to manage situations that become overwhelming. Some ideas for coping skills - <https://www.understood.org/en/friends-feelings/common-challenges/self-control/developing-coping-skills-5-ways-to-help-kids-who-struggle-with-self-control>
- Don't forget the power of specific **praise**, linked to the behavior or effort.

More Intensive Interventions



Trauma Informed Strategies to Use and to Share with Educators

If a Child/Student Uses Challenging or Difficult Behaviors:

- Consider **what might have caused** the student's behavior, beyond what is obvious to an observer. Ask the student questions in a compassionate manner.
- **Listen** carefully, without interrupting. **Summarize** the student's statements in a supportive manner and ask if you have understood correctly. Use **active listening** techniques.
- Do not resort to shaming or isolating punishment.



Trauma Informed Strategies, continued

If a Child/Student Uses Challenging or Difficult Behaviors:

- Remember that the behavior in question is not driven by logic. The student is in **flight, fight or freeze mode** and survival responses are taking over. Avoid passing judgment, offering advice, or becoming overly reassuring.
- Offer water and suggest some **basic relaxation and de-escalation techniques** (e.g. deep breathing) to help the student regain composure and return to the moment.
- **Validate the child's thoughts/feelings.** Validating does not mean endorsing!
- Use Positive Behavior Intervention and Supports (PBIS) as default. Praise publicly, redirect privately! www.pbis.org

What NOT to do when responding to behaviors:

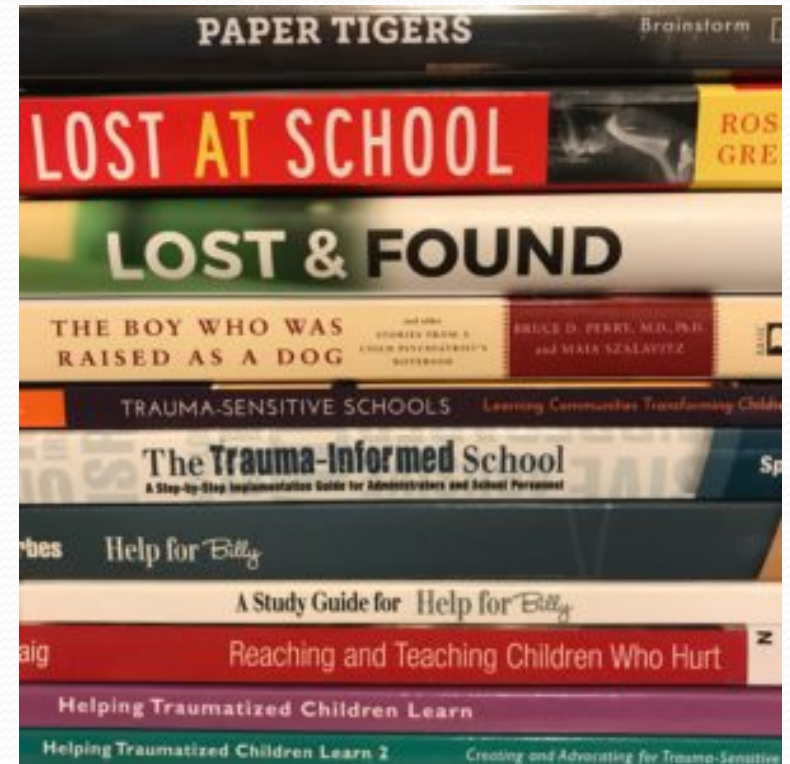
- Do not prompt or encourage a child to reveal his or her trauma outside a supportive, therapeutic environment
- Do not engage in “secondary wounding” which could further victimize the child.
 - Examples to Avoid: “You’re overreacting/exaggerating.”
 - “There are other people who have it harder than you.”
 - “You shouldn’t be upset.”
 - “Well, maybe if you hadn’t...”
- When limbic system is in control and child is triggered/dysregulated/upset...
 - do not try to reason, talk sense, lecture, engage in a power struggle or yell.
 - do not try to teach new concepts or skilled.

Instilling Hope

- Help child set and achieve personal goals
- Provide opportunities to help others and “give back”
- Provide age appropriate opportunities to be a kid / have fun
- Help youth become engaged with school and provide supports to improve school success
- Offer opportunities for success and restored feelings of competence
- Focus on strengths
- Consider peer recovery supports



Trauma Sensitive SCHOOLS



What does it mean to be trauma-informed?

A program, organization, or system that is trauma-informed:

- *Realizes* the widespread impact of trauma and understands potential paths for recovery;
- *Recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- *Responds* by fully integrating knowledge about trauma into policies, procedures, and practices; &
- Seeks to actively resist *re-traumatization*

A trauma-informed approach can be implemented in any type of service setting or organization.



Trauma training videos



- <https://www.youtube.com/channel/UCAXmFiDD2phNTERJ9PBqBqBqAg/playlists>
- Understanding Trauma; Addressing Trauma; [Building Trauma-Sensitive Schools](#) (each under 10 min long)

School Strategies

- Informal behavior management system
- “Break” strategies
 - Flash passes
 - Break or Safe Space
- Attendance
 - Supportive interventions for students who miss school due to emotional concerns
- School-based clinicians- Supports may include consultation with families, staff, private providers re: appropriate interventions and resources; Counseling to address issues that interfere with academic achievement
- 504 plan/ Special Education
 - Individualized Education Programs (IEPs)
 - May include trauma-sensitive behavioral or social-emotional goals
 - Evaluation/Re-evaluation and classroom assessment that incorporate trauma sensitive strategies

School Practices

Multi-tiered supports that adhere to many of the goals and principles of trauma-informed organizations:

- Supports for student safety and consistency
- Positive interactions
- Culturally responsive practices
- Peer supports – ex. Peer tutoring
- Targeted supports- Tier 2 services & Screening
- Strategies that support the individualized needs of students – FBAs, consider triggers, wraparound services, IEPs

Maintain a strengths-based approach!

And consider implications of vicarious trauma!

Source: Cavanaugh, B. (2016). Trauma-informed classrooms and schools. *Beyond Behavior*, 25(2), 41-46.

What would being trauma informed look like for your school?

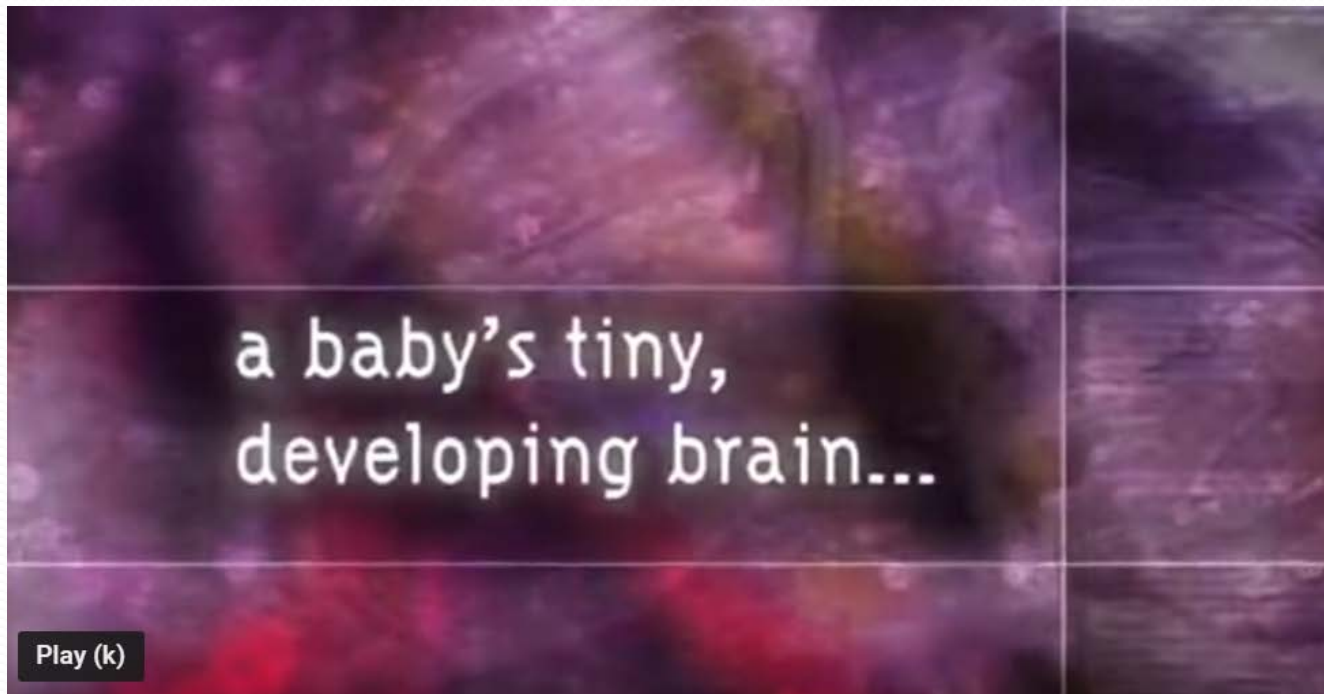
What will I start doing?	What will I avoid doing?
Looking at situations through a “trauma lens” when addressing acting out behavior or rule violations <i>Trauma Lens = Changing the question from “what's wrong with you?” to “what happened to you?”</i>	Enforcing rules and levying consequences without consideration of the potential impact of trauma on behavior
Providing increased opportunities for youth to build on their strengths and giving them positive recognition when they succeed	Not being thoughtful in the assignment of tasks to youth (the goal: present opportunities for mastery and success vs. setting youth up for failure that they may not be equipped to cope with)
Considering possible triggers like lights, sounds, crowds, small spaces, etc. when planning activities	Using a raised tone, flickering lights, or other potentially triggering methods to gain the attention of the group
Sticking to the expected schedule and avoiding surprises whenever possible	Letting staffing shortages or other unexpected events result in the loss of anticipated structure

Resources

- Loudoun Co Trauma Informed Community Network (TICN), meets monthly-
<https://www.scanva.org/public-education-program/trauma-informed-community-networks/loudoun-ticn/>
- National Suicide Prevention Lifeline:
 - 1-800-273-TALK (8255); <http://suicidepreventionlifeline.org>
- Crisis Link 24-Hour Suicide Hotline:
 - 703-527-4077 or text “CONNECT” to 8551; <http://prsinc.org/crisislink/services/>
- Community Services Boards (find your jurisdiction-
<http://www.dbhds.virginia.gov/community-services-boards-csbs>)
- Children’s Services Act (CSA) services
- Crisis Response: CR2- <https://www.cr2crisis.com/> and REACH (for those w DD)-
Northern Virginia 855-897-8278

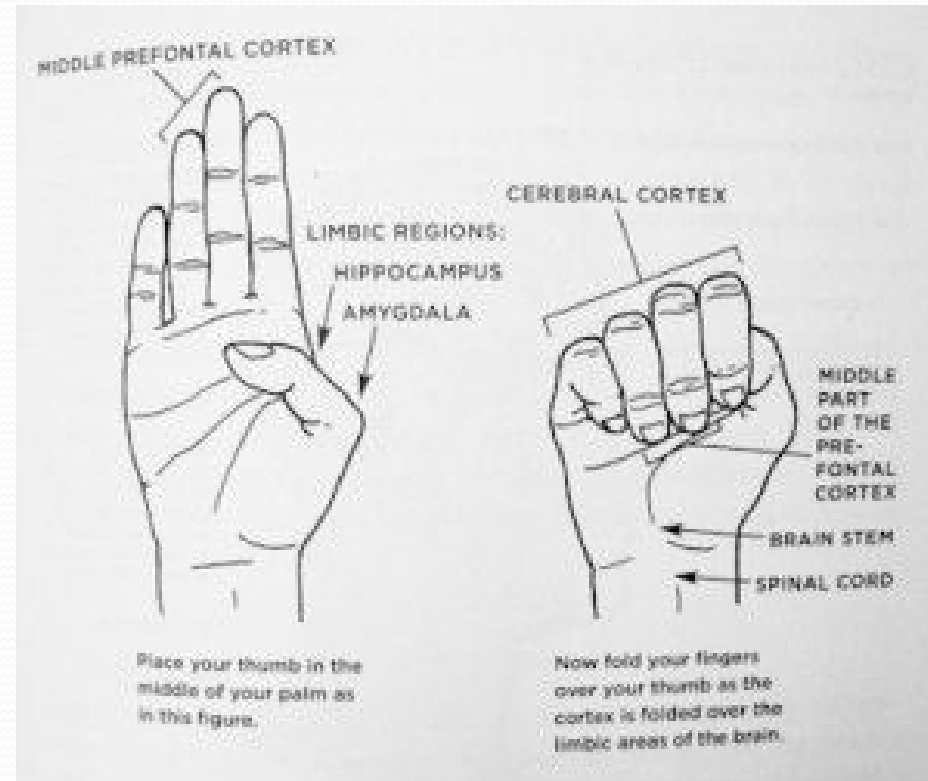
First Impressions Video

- <https://www.youtube.com/watch?v=brVOYtNMmKk>



Brain Response!

- <https://www.youtube.com/watch?v=gm9CIJ74Oxw>



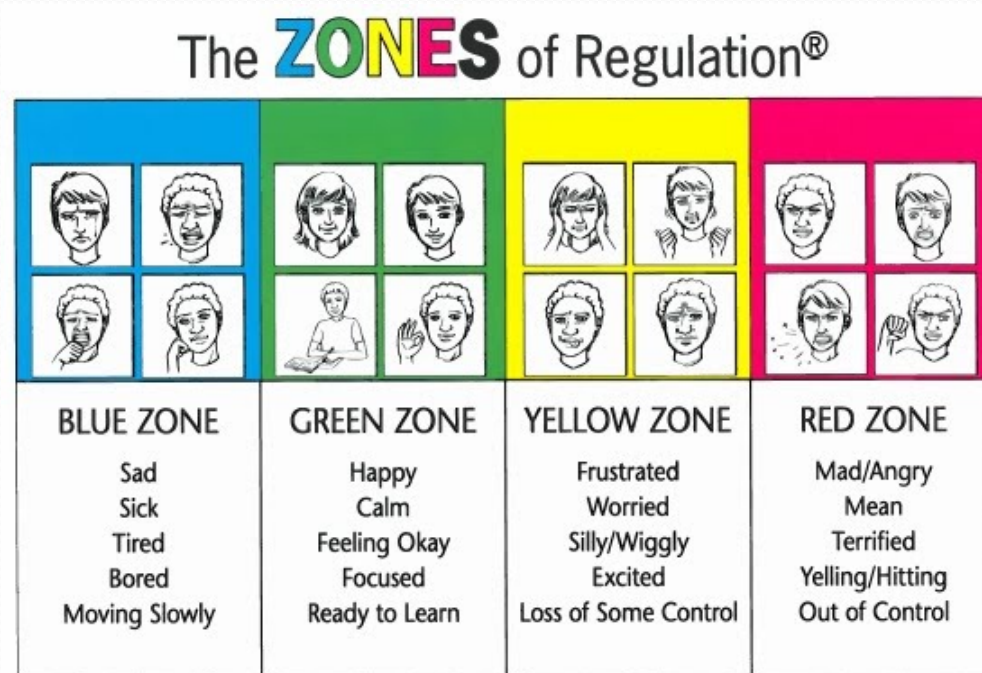
Impact of Trauma on Learning

- Exposure to traumatic experiences is correlated with
 - Decreased IQ and reading ability (Delaney-Black et al. 2003)
 - Decreased graduation rates (Grogger, 1997)
 - Increased rates of suspension and expulsion (LAUSD Survey)
- Exposure to violence is correlated with:
 - Lower GPA's
 - More negative remarks in cumulative folders
 - More absences from school than other students (NCTSN)
- Children with two or more “adverse childhood experiences”:
 - 2.67 times more likely to repeat a grade (Bethell et al., 2014)
- Adults with four or more “adverse childhood experiences”:
 - 4.4 fold increase in impaired memory of childhood (Anda et al., 2006)

Example of Choice & Strategic Ignoring

- 10 year old boy has been told by caregiver he cannot have snack before dinner. Boy begins to yell and demand snack.
- Caregiver: “I can see you’re mad that you cannot have a snack but yelling won’t change my decision. You can tell me how mad you are, or go play basketball to help you feel less mad but while you are yelling, I cannot talk with you. When you are ready to talk without yelling, I will be in the kitchen.”
- Boy yells for another minute, which caregiver ignores. Then stomps off and shoots hoops.
- Caregiver checks in briefly: “Good choice of taking some time away. I am proud of you for listening and choosing hoops instead of yelling. If you’d like to talk, come let me know.”

What are schools currently using?



<http://www.zonesofregulation.com/>